

California Resident Income Tax Return 2004**540A** C1 Side 1**Step 1**Place
label here
or printName
and
Address

Your first name

Initial

Last name

If joint return, spouse's first name

Initial

Last name

Present home address — number and street, PO Box, or rural route

Apt. no.

PMB no.

City, town, or post office (If you have a foreign address, see instructions, page 9)

State

ZIP Code

P

AC

A

R

RP

Step 1a
SSN or ITIN

Your SSN or ITIN

Spouse's SSN or ITIN

IMPORTANT:
Your SSN or ITIN
is required.**Step 2****Filing Status**

Fill in only one.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one spouse had income)
- 3 ☐ Married filing separately. Enter spouse's social security number above and full name here _____
- 4 ☐ Head of household (with qualifying person). STOP. See instructions, page 9.
- 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died

Step 3**Exemptions**Enclose, but do not
staple, any payment.

- 6 If your parent, (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ● 6 ☐

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

- 7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2

in the box. If you filled in the circle on line 6, see instructions, page 10 7 ☐ X \$85 = \$8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$85 = \$9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 ● 9 ☐ X \$85 = \$**Dependent
Exemptions**

- 10 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.

Total dependent exemptions ● 10 ☐ X \$265 = \$

- 11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 18 11 \$

Step 4**Taxable
Income and
California
Income
Adjustments****Standard
Deduction**Single or
Married
filing
separately,
\$3,165

Married filing
jointly,
Head of
household, or
Qualifying
widow(er),
\$6,330.

- 12 a State wages from your Form(s) W-2, box 16 ● 12a

- 12 b Enter federal adjusted gross income from your TeleFile Tax Record, line I; Form 1040EZ, line 4;
Form 1040A, line 21; or Form 1040, line 36 12b

- 13 **California Income Adjustments.** See instructions, page 10 for line 13a through line 13f.

a State income tax refund 13a

b Unemployment compensation 13b

c U.S. social security or railroad retirement 13c

d California non-taxable interest or dividend income 13d

e California IRA distributions 13e

f Non-taxable pensions and annuities. See instructions, page 11 13f

g Total California income adjustments. Add line 13a through line 13f ● 13g

- 14 Subtract line 13g from line 12b. This is your California adjusted gross income.

See instructions, page 11 ● 14

- 15 Enter the larger of your California **Itemized deductions** or **Standard deduction**
(see instructions). If the circle on line 6 is filled in, STOP. See instructions, page 11 ● 15

- 16 Subtract line 15 from line 14. This is your taxable income. If less than zero, enter -0- 16

Step 5**Tax and
Credits**Attach copy of your
Form(s) W-2 and
W-2G. Also, attach
any Form(s) 1099
showing California
tax withheld.

- 17 Tax. See Tax Table. 17

- 18 Exemption credits. Enter the amount from line 11.
If line 12b is more than \$139,921, see instructions, page 13. 18

- 19 Nonrefundable renter's credit. See instructions, page 13 ● 19

- 20 Total credits. Add line 18 and line 19 20

- 23 Subtract line 20 from line 17. This is your total tax. If less than zero, enter -0- ● 23

Step 6**Overpaid
Tax/
Tax Due**To view your 2004
estimated
payments, go to
www.ftb.ca.gov**Do not attach
a copy of your
federal
return.**

24 Enter the amount from Side 1, line 23 24

25 California income tax withheld. See instructions, page 13 ■ 25

26 2004 California estimated tax and payment with
form FTB 3519 and amount applied from 2003 return ■ 26

27 Excess SDI. To see if you qualify, see page 13 ■ 27

Child and Dependent Care Expenses Credit. See instructions, page 14.
Attach form FTB 3506.

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32 Total payments and credits. Add line 25, line 26, line 27, and line 31 32

33 Overpaid tax. If line 32 is more than line 24, subtract line 24 from line 32 33

34 Enter the amount of line 33 you want applied to your **2005** estimated tax ■ 34

35 Overpaid tax available this year. Subtract line 34 from line 33 ■ 35

36 Tax due. If line 32 is less than line 24, subtract line 32 from line 24. See instructions, page 14 . 36

Step 6a**Use Tax**37 Use Tax. **This is not a total line.** See instructions, page 14 ● 37

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Step 7**Contributions**

CA Seniors Special Fund See instructions, page 25 ... ● 52	00	CA Firefighters' Memorial Fund ... ● 58	00
Alzheimer's Disease/Related Disorders Fund ● 53	00	Emergency Food Assistance Program Fund ● 59	00
CA Fund for Senior Citizens ● 54	00	CA Peace Officer Memorial Foundation Fund ● 60	00
Rare and Endangered Species Preservation Program ● 55	00	Asthma and Lung Disease Research Fund ● 61	00
State Children's Trust Fund for the Prevention of Child Abuse ... ● 56	00	CA Missions Foundation Fund ... ● 62	00
CA Breast Cancer Research Fund ● 57	00	CA Military Family Relief Fund ● 63	00
		CA Prostate Cancer Research Fund ● 64	00
38 Add line 52 through line 64. These are your total contributions ● 38			

Step 8**Refund or
Amount
You Owe**

39 **REFUND or NO AMOUNT DUE.** See instructions, page 15. Mail to:
FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ■ 39

40 **AMOUNT YOU OWE.** See instructions, page 15. Mail to:
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ■ 40

Or pay online with FTB's Web Pay – Go to our Website at www.ftb.ca.gov.

41 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle ○ ■ 41

42 If you **do not** need California income tax forms mailed to you next year, fill in the circle .. ● 42 ○

Get your refund faster with Direct Deposit.**Direct
Deposit
(Refund
Only)**

Do not attach a voided check or a deposit slip. See instructions, page 15.

Fill in the boxes to have your refund directly deposited. Routing number ●

Account Type: Checking ● Savings ● Account number

Step 9**Sign Here**It is unlawful to
forge a spouse's
signature.Joint return?
See instructions,
page 16.

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete. 3

Your signature _____ Spouse's signature (if filing jointly, both must sign) _____ Daytime phone number (optional) _____

()

Date _____

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) _____ Paid preparer's SSN/PTIN _____

Firm's name (or yours if self-employed) _____ Firm's address _____ FEIN _____